

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02854

Reg. Dist. No. 190

1. PLACE OF DEATH:

County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? LifeHospital, institution, or street address where death occurred:
St Stephen

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County HowardCity or town Elkridge
(If outside city or town limits, write RURAL and give nearest town)Street No. St Stephen
(If rural, give LOCATION)

2(a) If veteran, name war

3. (a) FULL NAME

Brandat Louise Blackston

3. (b) Social Security Number

4. Sex

Female

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

Single

B. (b) Name of husband or wife

7. Birth date of
deceased (mo., day, yr.)Feb 17 - 19488. (c) If alive, give age — years

8. AGE:

Years

Months

Days

If less than one day

16

hrs.

min.

9. Birthplace

Elkridge Md
(Town, county, and state)

10. Usual occupation

clerk

11. Industry or business

FATHER

12. Name

Edward Pearson

13. Birthplace

Md.

MOTHER

14. Maiden name

Emma Elizabeth Blackston

15. Birthplace

Elkridge Md

16. Informant

Emma E. Blackston (mother)

Address

Box 301 Elkridge 27 Md

17.

(Burial, cremation, or removal. Which?)

Date thereof

3/15/48
(month) (day) (year)

Cemetery or crematory

Blackston cemetery

Location

St Stephen, Elkridge Md

18. Funeral director

none employed

Address

MEDICAL CERTIFICATION

20. DATE OF DEATH March 4 1948 at 4 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb 17 1948 to March 4 1948and that I last saw him alive on March 3 1948

Immediate cause of death

Status Thymic
Lymphatic

DURATION

1 da

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. B. Brown

Address

Elkridge MdDate signed 3/4/48

19.

(Date rec'd by registrar)

March 4 1948Miss E. B. Blackston
Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 5 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 180

02855

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County Howard
City or town St. Stephens, Elkridge
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Howard
City or town Elkridge Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. St. Stephens
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

William Larry Blackstone

3. (b) Social Security Number

none

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife

6 (c) If alive, give age _____ years

7. Birth date of deceased (mo., day, yr.) Aug 17 - 1946

8. AGE: Years 1 Months 6 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Elkridge Md
(Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER 12. Name Wm. Wesley Blackstone
13. Birthplace Md

MOTHER 14. Maiden name Sadie V. Barker
15. Birthplace Md

16. Informant Sadie Blackstone
Address Elkridge Md

17. Burial Burial Date thereof 3-12-48
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Blackstone
Location Elkridge Md.

18. Funeral director F.C. Ogenbotham
Address Ellicott City Md.

19. March 12 48 (Date rec'd by registrar) 19 48 Registrar Miss E. Bird Villalobos
Local

MEDICAL CERTIFICATION

20. DATE OF DEATH March 10 19 48 3P M

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from March 10 19 48 to March 10 19 48 and that I last saw him on at no time 19 48

Immediate cause of death

Incineration
Conflagration

DURATION

10 min

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3-10-48
Where did injury occur? Elkridge Howard Md
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) Home
Means of Injury House burned injured at work? no

23. SIGNATURE

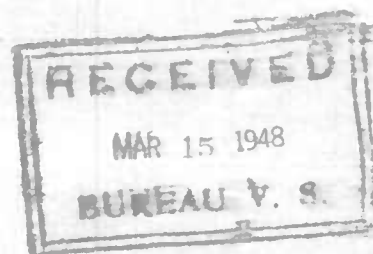
Alpha M. Verbert

Address Ellicott City Md Date signed 3-10-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02856

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)Street No. Court Ave
(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Walter G. Brian

3. (b) Social Security Number

215-10-7804

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Married6.(b) Name of husband or wife Anna C. Brian

6.(c) If alive, give age _____ years

7. Birth date of

deceased (mo., day, yr.) September 12, 1875

8. AGE:

Years

Months

Days

If less than one day

72613

hrs.

min.

9. Birthplace Ellicott City, Md

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name William Brian13. Birthplace Md14. Maiden name Mary Jane Benoy15. Birthplace Md16. Informant Anna G. BrianAddress Ellicott City, Md.17. Burial
(Burial, cremation, or removal. Which?)Date thereof 3-29-48
(month) (day) (year)Cemetery or crematory St. JohnsLocation Ellicott City, Md18. Funeral director F. C. HiginbothamAddress Ellicott City, Md.19. March 28, 1948
(Date rec'd by registrar) John B. Loughran
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 25, 1948 19 48 at 4.15 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

3-12 19 48 to 3-25 19 48and that I last saw him alive on 3-25 19 48

Immediate cause of death

DURATION

Carcinoma of Prostate 1 yr

Due to

Due to

Other conditions

Metastases to
pelvic bones
(Include pregnancy within 3 months of death)Major findings of operations none

Date of op. _____

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____

Injured at work? _____

23. SIGNATURE George E. BuntingEllicott City, Md. 3-26-48
Address _____ Date signed _____

RECEIVED

MAR 30 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: Howard
County...
City or town...
How long in above place of death? 34 yrs
Hospital, institution, or street address where death occurred:
Washington Blvd.
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State... Maryland County... Howard
City or town...
Street No...
2.(a) If veteran, name war... None

3. (a) FULL NAME

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
6. (b) Name of husband or wife Katherine M.
7. Birth date of deceased (mo., day, yr.) July 16, 1875
8. AGE: Years 72 Months 8 Days 21 hrs. min.

9. Birthplace Howard Co., Md.
(Town, county, and state)

10. Usual occupation Insurance Agent

11. Industry or business Insurance

12. Name Henry Brosenne

13. Birthplace Maryland

14. Maiden name Emma Stein

15. Birthplace Maryland

16. Informant Mrs. Katherine M. Brosenne

Address Jessup, P.O., Md.

17. Burial, cremation, or removal (Which?) Burial Date thereof Mar 21, 1948

Cemetery or crematory St. Johns Cemetery

Location Ellicott City, Md.

18. Funeral director Easton Sons

Address Ellicott City, Md.

19. 3/20/48 Registrar

(Date rec'd by registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 18 1948 at 7:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 12 1948 to Mar. 18 1948 and that I last saw him alive on Mar. 18 1948

Immediate cause of death Coronary Thrombosis DURATION 4 hrs.

Due to Chr. Myocarditis 15 yrs.

Due to

Other conditions Ulcerative Colitis - 15 yrs.

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

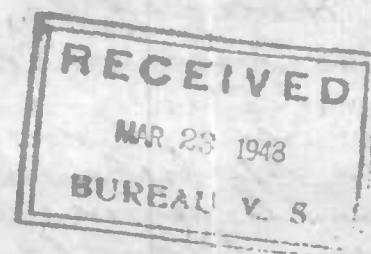
23. SIGNATURE Frank Shipley, M.D.

Address Savage, Ind. Date signed 3/20/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County Howard
 City or town Elkridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 28 yrs
 Hospital, institution, or street address where death occurred:
5437 Race Road
 How long in hospital or institution? -

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Howard
 City or town Elkridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 5437 Race Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war non

3. (a) FULL NAME

Rosetta
Rosetta Brown

3. (b) Social Security Number

non

4. Sex Female 5. Color or race col 6.(a) Single, married, widowed, or divorced married
 6.(b) Name of husband or wife Frank Brown
 6.(c) If alive, give age 68 years
 7. Birth date of deceased (mo., day, yr.) July 27 1887
 8. AGE: Years 60 Months 7 Days 9 If less than one day
 hrs. min.

9. Birthplace Hanover, A.C.C. Md
 (Town, county, and state)
 10. Usual occupation Domestic
 11. Industry or business House wife
 12. Name Charles T. Good
 13. Birthplace Hanover Md
 14. Maiden name Sarah Smith
 15. Birthplace Pattuxent Md

16. Informant Frank Brown
 Address 5437 Race Rd Elkridge
 Date thereof 3-11-48
 (Burial, cremation, or other, which?) (month) (day) (year)

Cemetery or crematory Elkridge Md.
 Location Halters B. Springs
 16. Funeral director 139 W. Hamlet St.
 Address 3-10-48
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1948 at 7:15 PM
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1947 to March 7 1948
 and that I last saw her alive on March 6 1948
 Immediate cause of death Carcinoma of uterus 1st
& General carcinomatosis
 Due to Primary cervical 2nd
Secondary 2nd
Amniotic
 Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Carcinoma of uterus
 Date of op. Jan 4
 Autopsy results chaperable
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide / Date of /
 Where did injury occur? (City or town) (County) (State)
 Injured at home, farm, industry, public place (where?)
 Means of Injury Injured at work?

23. SIGNATURE B.B. Bumbach
Elkridge Md
 Address 3/7/48
 Date signed

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH:

County... Howard
City or town... Elkridge
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs
Hospital, institution, or street address where death occurred:
Towson ave, Harwood Hk
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Md County... Howard
City or town... Elkridge
(If outside city or town limits, write RURAL and give nearest town)
Street No... Towson ave Harwood Hk
(If rural, give LOCATION)
2.(a) If veteran, name war... none

3. (a) FULL NAME

Walter Conser

3. (b) Social Security Number

212-01-1364

4. Sex... male 5. Color or race... white 6. (a) Single, married, widowed, or divorced... married

6. (b) Name of husband or wife... Elizabeth Lena CONSER

7. Birth date of deceased (mo., day, yr.)... March 19 1888 8. (c) If alive, give age... 66 years

8. AGE: Years... 67 Months... 0 Days... 8 It less than one day... hrs. min.

9. Birthplace... Baltimore City Md
(Town, county, and state)

10. Usual occupation... Manager

11. Industry or business... Hardware Store

12. Name... Carlisle Conser

13. Birthplace... Carlisle Pa

14. Maiden name... Mary Twaller

15. Birthplace... Baltimore City

16. Informant... Mrs Elizabeth Conser (Wife)

Address... Elkridge 27, Md RD 2

17. BURIAL Date thereof... 3/30/48
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory... MEADOWIDGE MEMORIAL CEM.

Location... Howard Co, MD

18. Funeral director... W. J. JERNER + SONS

Address... BALTIMORE MD

19. 3/29 19 48 J. W. Hedrick
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 27 19 48 at 8:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 19 47 to March 27 19 48 and that I last saw him alive on March 26 19 48

Immediate cause of death... Myocardial infarction 2 yrs
Due to... Coronary artery disease 2 yrs
Due to... Coronary artery disease 3 yrs
Other conditions... Diabetes Mellitus 5 yrs
(Include pregnancy within 3 months of death)

Major findings of operations...
Date of op...

Autopsy results...
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE... J. W. Hedrick

Address... Elkridge Md Date signed 3/27/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02860

Reg. Dist. No. 193

1. PLACE OF DEATH:

County... Howard
 City or town... Watersville
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State... Maryland County... Howard
 City or town... Watersville
 (If outside city or town limits, write RURAL and give nearest town)
 Street No... Rural ---Mt. Airy
 (If rural, give LOCATION)
 2.(a) If veteran, name war...

3. (a) FULL NAME

LLOYD WESLEY GRIMM

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Margaret A. Grimm

7. Birth date of deceased (mo., day, yr.)

Jan. 21, 1857

6. (c) If alive, give age

54 years

8. AGE:

Years

91

Months

2

Days

7

It less than one day

hrs.

min.

9. Birthplace

Howard Co. Maryland

(Town, county, and state)

10. Usual occupation

Retired

11. Industry or business

FATHER

12. Name

Mahlon Grimm

13. Birthplace

Maryland

MOTHER

14. Maiden name

Ruth E. Gosnell

15. Birthplace

Maryland

16. Informant

Mrs. Margaret A. Grimm

Address

Mt. Airy, Md.

17.

(Burial, cremation, or removal, which?)

Date thereof

3-31-48

(month) (day) (year)

Cemetery

Morgan Chapel

Location

Woodbine, Carroll Co, Md.

18. Funeral director

C. M. Waltz

Address

Winfield, Md.

19.

(Date rec'd by registrar)

9/30/48

E. Paul Quinn

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH... March 28, 1948... 19... at 6.55 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 16, 1948... 19... to March 28, 1948...

and that I last saw him alive on March 28, 1948... 19...

Immediate cause of death

DURATION

Cerebral Hemorrhage

1 day

Due to... Arterio-sclerosis and

? yrs

Hypertension

? yrs

Due to...

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

none

Date of op.

Autopsy results

none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide... Date of ...

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

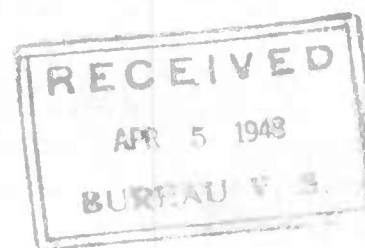
23. SIGNATURE

J. Stanley Grabill

M. D. or other

Address... Mt. Airy, Md.

Date signed... 3/28/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1. PLACE OF DEATH:

County Howard

City or town Clarksville

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

John T Johnson

3. (b) Social Security Number

4. Sex M 5. Color or race C 6. (a) Single, married, widowed, or divorced Widower

6. (b) Name of husband or wife Lillie D. Johnson

7. Birth date of deceased (mo., day, yr.) April 15, 1888

8. AGE: Years 59 Months 10 Days 17 If less than one day

9. Birthplace Howard County, Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Samuel Johnson

13. Birthplace Md

14. Maiden name Ellen Dorsey

15. Birthplace Md

16. Informant Harold Johnson

Address Clarksville, Md

17. Burial Burial Date thereof 3-5-48

(Burial, cremation, or removal: which?) (month) (day) (year)

Cemetery or crematory Hopkins Chapel

Location Highland Md.

18. Funeral director F. C. Higinbotham

Address Ellicott City, Md

19. 3/4 48 Mario G. Whitaker

(Date filed by registrar) (month) (day) (year) Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard

City or town Clarksville
(If outside city or town limits, write RURAL and give nearest town)

Street No. Shepherds Lane
(If rural, give LOCATION)

2. (a) If veteran, name war

MEDICAL CERTIFICATION

20. DATE OF DEATH March 2 19 48 at 1:20 P. M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Feb 18 19 46 to March 2 19 48

and that I last saw him alive on March 1 19 48

Immediate cause of death Coronary artery occlusion

DURATION 30 mins

Due to:

Due to:

Other conditions Arteriosclerotic heart disease

hypertension & angina pectoris } 3 mos

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury Injured at work?

23. SIGNATURE Charles S. Whitaker M.D.

Address Clarksville, Md. M. D. or other

Date signed 3-4-48

MARGIN RESERVED FOR BINDING

9-43-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 6 1948

BUREAU V. S.

MARGIN RESERVED FOR BINDING

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of age
shown on:

FILM No. G 115 APR 27 1948

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 12862

1. PLACE OF DEATH:

- (a) Baltimore City, Maryland
 (b) Street address Whiskey Bottom Rd.
 (c) Hospital or institution Howard Co., Md.
 (d) Length of stay in hospital or inst. (yrs., mos., or days)
 (e) Length of stay in Baltimore (yrs., mos., or days)

2. USUAL RESIDENCE OF DECEASED:

- (a) State MD. (b) County
 (c) City or town Baltimore
 (If outside city or town limits, write RURAL and give town)
 (d) Street No. 823 N. Euter St.
 (If rural give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

3 (a) FULL NAME

Hunter C. LEWIS

3 (b) If veteran, name war

3 (c) Social Security Account No.

4. Sex

M

5. Color or race

W

6 (a) Single, married, widowed, or divorced.

Married

6 (b) Name of husband or wife

Leona Sands

7. Birth date of deceased (mo., day, yr.)

Nov. 18, 1902

8. AGE: Years

45-46

Months

4

Days

If less than one day

hr. min.

9. Birthplace

Balt. Maryland
 (Town, county, and state)

10. Usual Occupation

Unknown

11. Industry or business

Unknown

FATHER

12. Name

John H. Lewis

13. Birthplace

Balt. Md.

MOTHER

14. Maiden Name

Catheris Reynolds

15. Birthplace

Balt. Md.

16 (a) Informant

Mrs. James Ralfe

16 (b) Address

Bot 213 B. Chestnut Rd. Balt. 20

17 (a) Burial

17 (b) Date thereof

3-11-48
 (month) (day) (year)

17 (c) Cemetery or crematory

Baltimore

Location

North Ave.

18 (a) Funeral director

John P. Moran

18 (b) Address

3400 E. Balt. St.

19 (a) 3-11-48

(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

March 9, 1948, at 6 P.M.

21. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained Autopsy, Inspection or Inquiry by said Autopsy, Inspection or Inquiry, find that said deceased came to his death on the day stated above, and death in my

opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐ and that the causes of death were:

IMMEDIATE CAUSE OF DEATH

Hemorrhage from bullet-wound of left lung.

Due to

Other Conditions

(Include pregnancy within 3 months of death)

22. If an external cause was primary ☐ or contributing ☐ cause of death, fill in the following:

(a) Date of injury.....at.....M.

(b) Where did injury occur?

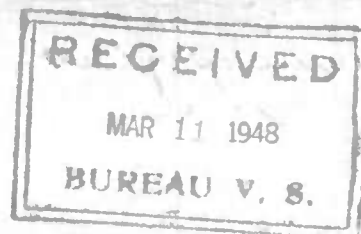
(c) Did injury occur at home, on farm, industrial place, in public place?.....While at work?

(d) Means of injury.....

23. Signature George G. Merrill M.D.

Medical Examiner.

Date signed 3/10/48



N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

02864

1. PLACE OF DEATH

County Howard Registration Dist. No. 830 195
 Village or City Savage No. _____ St. _____ Ward _____
 (If death occurred in a hospital or institution, give its NAME instead of street and number)
 Length of residence in city or town where death occurred 71 yrs. mos. ds. How long in U.S. if of foreign birth? _____ yrs. mos. ds.

2. FULL NAME

Pauline F. Martin If U. S. Veteran, specify WAR _____
 (a) Residence: No. Savage Md St. _____ Ward _____
 (Usual place of abode) If nonresident give city or town and State _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Divorced</u>
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of <u>Charles Martin</u>		
6. DATE OF BIRTH (month, day, and year) <u>Feb 22, 1877</u>		
7. AGE <u>71</u> Years	<u>0</u> Months	<u>20</u> Days
If LESS than 1 day, _____ hrs. or _____ min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. <u>Factory worker</u>	
	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. <u>Factory worker</u>	
10. Date deceased last worked at this occupation (month and year) <u>15 yrs</u>		11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) Savage Md
 (State or country)

FATHER
 13. NAME Franklin Fisher
 14. BIRTHPLACE (city or town) Anne Arundel Co Md
 (State or country)

MOTHER
 15. MAIDEN NAME Elizabeth Haslop
 16. BIRTHPLACE (city or town) Anne Arundel Co Md
 (State or country)

17. INFORMANT Mrs. William Dorsey
 (Address) 11th St Laurel Md

18. BURIAL, CREMATION, OR REMOVAL
 Place Savage Date Mar. 16, 1948

19. UNDERTAKER Ridgely Selby
 (Address) 401 Wagon Rd Laurel Md

20. FILED 3/15/48 Franklin
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 13, 1948
 (Month) (Day) (Year)

22. March 13, 1948 I HEREBY CERTIFY That I attended deceased from _____
March 13, 1948

I last saw her alive on March 13, 1948; death is said to have occurred on the date stated above, at 6 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

Cerebral Haemorrhage with Hemiplegia Date of onset 12 hrs.

Other Contributory Causes of importance:

Hypertension & Generalized Arterio-sclerosis 3 yrs

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? _____ Date of Injury _____, 19____

Where did Injury occur? _____ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury _____

Nature of injury _____

24. Was disease or Injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Franklin Selby M. D.

(Address) Savage Md

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Arteriosclerosis</i>	<i>1915</i>
<i>Chronic interstitial nephritis</i>	<i>1921</i>
<i>Cerebral hemorrhage</i>	<i>July 5, 1927</i>
Other contributory causes of importance:	
<i>Gallstones</i>	<i>May 1, 1923</i>

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
<i>Attack of epilepsy</i>	<i>1 week ago</i>
<i>Run over by street car</i>	<i>1 week ago</i>
<i>Peritonitis</i>	<i>3 days ago</i>
Other contributory causes of importance:	
<i>Gastroenteritis</i>	<i>1 year</i>

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 199

1. PLACE OF DEATH:

County Howard
 City or town Daisy
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Howard
 City or town Daisy
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. R.D. Woodbine
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Americus Addison E. Mullinix

3. (b) Social Security Number

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife Laura B. Mullinix
deceased 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) Aug 29, 1864
 8. AGE: Years 83 Months 6 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Montgomery Co. Md.
(Town, county, and state)10. Usual occupation Farmer (retired)

11. Industry or business

FATHER 12. Name John J. Mullinix
 13. Birthplace Maryland
 MOTHER 14. Maiden name Emily J. Purdum
 15. Birthplace Maryland

16. Informant Miss Marie Mullinix
 Address Woodbine, Md.

17. Burial Date thereof 3-16-48
 (Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematorium Howard Chapel
 Location Long Corner, Howard Co. Md.
C.M. Walz

18. Funeral director C.M. Walz
 Address Winfield, Md.

19. 3/15 19 48 E. Paul Mullinix
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14, 1948 19 48 at 2:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 12, 1948 19 48 to March 14, 1948
 and that I last saw him alive on March 14, 1948

Immediate cause of death Hemiplegia (left)
 DURATION 2 da

Due to Cardio-Vascular, hypertensive ? yrs.

Due to

Other conditions Diabetes Melitus 4 yrs

(Include pregnancy within 8 months of death)

Major findings of operations none

Date of op.

Autopsy results none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

23. SIGNATURE J. Stanley Grabill M. D. attendingAddress Mt. Airy, Md. Date signed 3/15/48

MASSACHUSETTS DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

RECEIVED

MAR 20 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

180

02866

CERTIFICATE OF DEATH

Reg. Dist. No. _____

1. PLACE OF DEATH:

County Howard CountyCity or town Dorsey

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State md County HowardCity or town Dorsey

(If outside city or town limits, write RURAL and give nearest town)

Street No. _____

(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

Carl Richnow

3. (b) Social Security Number

4. Sex M5. Color or race W6. (a) Single, married, widowed, or divorced Married6. (b) Name of husband or wife Caroline Richnow

7. Birth date of deceased (mo., day, yr.)

8. (c) If alive, give age _____ years
Don't know (1857)

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace Germany

(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER

12. Name Don't know13. Birthplace Germany

MOTHER

14. Maiden name Don't know15. Birthplace Germany16. Informant Mrs. Katherine RadkeAddress 2809 Orleans St

17. Burial, cremation, or removal Which?

Date thereof

March 23
(month) (day) (year)Cemetery or crematory Immanuel CemLocation City18. Funeral director Sullivan Funeral HomeAddress 2008 Orleans St19. 3-22-48
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 20 1948, at 11 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 20 1948 to March 20 1948and that I last saw him alive on at no time 1948

Immediate cause of death

Suffocation

DURATION

10 minDue to Fire in room

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3-20-48Where did injury occur? Dorsey (City or town) Howard (County) md (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury Fire Injured at work? No

23. SIGNATURE

Alpha N Herbert MD

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY M. D. other _____

Address Glenbrook md Date signed 3-21-48

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02867

93d

Reg. Dist. No. 190

1. PLACE OF DEATH:

County Howard
City or town Maryfield
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 yrs
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Howard
City or town Maryfield
(If outside city or town limits, write RURAL and give nearest town)
Street No. Ellicott City R.F.D. #2
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

Henry Wilbur Ridgely

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Laura May Ray
Ridgely 6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 31, 1872

8. AGE: Years 75 Months 9 Days 15 If less than one day hrs. min.

9. Birthplace Glenely Howard Co. Md.
(town, county, and state)

10. Usual occupation Farmer

11. Industry or business Retired

12. Name Charles Wilbur Ridgely

13. Birthplace Howard Co. Md.

14. Maiden name Sarah Elizabeth Ridgely

15. Birthplace Howard Co. Md.

16. Informant Miss Mabel C. Ridgely

Address Ellicott City R.F.D. #25 Md.

17. Burial Date thereof Mar 18, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. View Cemetery

Location Slacks Corner, Md.

18. Funeral director Easton Sons

Address Ellicott City, Md.

19. March 18, 1948 Alice W. Keith
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar. 15, 1948 at 9:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13, 1948 to March 15, 1948
and that I last saw him alive on March 15, 1948

Immediate cause of death Sudden cardiac failure DURATION 3 days

Due to chronic myocarditis 10 years

Due to

Other conditions

(Exclude pregnancy within 8 months of death)

Major findings of operations Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

2. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles S. Whitaker, M.D.
M. D. or other

Address Clarksville, Md. Date signed 3-16-48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED BY BUREAU OF INVESTIGATION

RECEIVED BY BUREAU OF INVESTIGATION

RECEIVED BY BUREAU OF INVESTIGATION

RECEIVED BY BUREAU OF INVESTIGATION

RECEIVED

MAR 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The certificate is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02868

Reg. Dist. No.

195

1. PLACE OF DEATH:

County HowardCity or town Seagoville
(If outside city or town limits, write RURAL and give nearest town)How long in above place of death? 8 days

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Ind. County HowardCity or town Seagoville
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) if veteran, name war _____

3. (a) FULL NAME

4. Sex F 5. Color or race W 6. (a) Single, married, widowed, or divorced Widowed6. (b) Name of husband or wife William Seagov7. Birth date of deceased (mo., day, yr.) Oct. 8, 18658. AGE: Years 82 Months 5 Days 2 if less than one day _____ hrs. _____ min.9. Birthplace Laurel Pr Geo. Md.
(Town, county, and state)10. Usual occupation Housewife11. Industry or business None12. Name Theresa Ann13. Birthplace Virginia14. Maiden name Theresa Ann Chalk15. Birthplace Maryland16. Informant Theresa AnnAddress Laurel, Md.17. Burial Date thereof Mar 13, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Immanuel Cem.Location Seagoville, Md.18. Funeral director St. Wille DonalsonAddress Laurel, Md.19. 3/42/48 19 _____
(Date rec'd by registrar)

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/10 19 48 at 09 M21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 2/6 19 48 to 3/10 19 48and that I last saw him alive on 2/9 19 48Immediate cause of death Myocardial Infarction - Capillary Block

DURATION

7

Due to _____

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

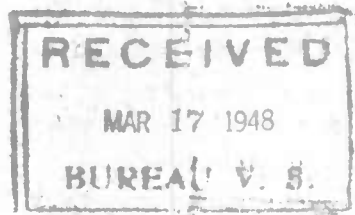
Where did injury occur? _____ (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Theresa Ann M. D. or other _____Address Laurel, Md. Date signed 3/10/48

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlee St., Baltimore

CERTIFICATE OF DEATH

02869

932

Reg. Dist. No. 191

1. PLACE OF DEATH:

County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County HowardCity or town Ellicott City
(If outside city or town limits, write RURAL and give nearest town)Street No. Edmonson Ave.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Mary Emily Thompson

3. (b) Social Security Number

None

4. Sex

F

5. Color or race

W

6.(a) Single, married, widowed, or divorced

Widow6.(b) Name of husband or wife Wm. F. Thompson

6.(c) If alive, give age years

7. Birth date of

deceased (mo., day, yr.) April 3, 1857

8. AGE:

Years

Months

Days

If less than one day

901114

hrs.

min.

9. Birthplace Virginia

(Town, county, and state)

10. Usual occupation At Home

11. Industry or business

FATHER

12. Name Thomas Murphy

13. Birthplace

Va.

MOTHER

14. Maiden name Eliza Lilly

15. Birthplace

Va.16. Informant Wm. F. ThompsonAddress Ellicott City, Md17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 3-20-48

(month) (day) (year)

Cemetery or crematory

Trinity Cem.

Location

Pfieffers Corner Md18. Funeral director F.C. Higinbotham

Address

Ellicott City, Md.19. March 20, 1948

(Date rec'd by registrar)

John B. Lughan
Reg. B. E. L.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-17 19 48 at 6 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

2-27 19 48, to 3-17 19 48and that I last saw him alive on 3-17 19 48

Immediate cause of death

Arteriosclerotic Cardiovascular Disease

DURATION

5 yr.

Due to

Due to

Other conditions

Gangrene of feet3 weeks

(Includes pregnancy within 3 months of death)

Major findings of operations None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Manner of injury

Injured at work?

23. SIGNATURE

George E. Bunting, M.D.

M.D. or other

Address

Ellicott City, Md.Date signed 3-18-48

RECEIVED

MAR 23 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

02870

Reg. Dist. No. 190

1. PLACE OF DEATH:

County Howard
 City or town St. Stephens Elbridge
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Howard
 City or town Elbridge
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. St. Stephens
 (If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME

Florence E Jones Wilson

3. (b) Social Security Number

4. Sex F 5. Color or race C. 6. (a) Single, married, widowed, or divorced Widow

6. (b) Name of husband or wife Boyd Wilson

7. Birth date of deceased (mo., day, yr.) Jan 22, 1893 6. (c) If alive, give age years

8. AGE: Years 55 Months 1 Days 17 If less than one day
 hrs. min.

9. Birthplace Elbridge Md
 (town, county, and state)

10. Usual occupation Domestic

11. Industry or business

12. Name Wm H Jones13. Birthplace Md.14. Maiden name Emma Miller15. Birthplace Md.16. Informant Harriett E MorganAddress Laurel Md.17. Burial Date thereof 3-12-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory James ChapelLocation Elbridge Md18. Funeral director R C HyintonAddress Ellicott City Md19. march 12 1948 (Date rec'd by registrar)Registrar Miss E. Bird

MEDICAL CERTIFICATION

20. DATE OF DEATH march 10 48 3 P. at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from march 10 1948 to march 10 1948 and that I last saw him alive on at m time 19.....

Immediate cause of death Incineration DURATION 10 min

Due to Conflagration

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of 3-10-48Where did injury occur? Elbridge Howard Md (City or town) (County) (State)Injured at home, farm, industry, public place (where?) HomeMeans of injury House burned Injured at work? no23. SIGNATURE Alpha N. Herbert MDAddress Ellicott City Md Date signed 3-10-48

RECEIVED

MAR 15 1948

BUREAU V. R.